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ABSTRACT

This report describes a program implemented to improve the social skills of students with moderate to severe cognitive delays. The targeted population consisted of five elementary-aged students at site A and five high school-aged students at site B, both Chicago Public Schools. Analysis of probable cause data revealed that social skills issues could be broken down into four categories that included the nature of the students' disabilities themselves, which led to delays and difficulties in communicating their wants, needs, and intentions because of poor speech production. A review of the solution strategies suggested by the professional literature and analysis of the problem resulted in the development of a five-step intervention process. This intervention included gathering baseline data to help identify targeted social skills and determine level of functioning. Targeted skills included the ability to follow directions, the ability to communicate needs and opinions, and the ability to ask for help appropriately. A series of learning activities were then developed and implemented over a period of 5 weeks. Following the direct teaching of social skills, the four students showed significant improvement in the three target social skills in the school environment and at home. Appendices include evaluation tools. (Contains 27 references.) (CR)

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USING DIRECT TEACHING AND COOPERATIVE LEARNING TO IMPROVE THE SOCIAL SKILLS OF STUDENTS LABELED AS HAVING MODERATE COGNITIVE DELAYS

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Abstract

This report described a program implemented to improve the social skills of students labeled with moderate to severe cognitive delays. The targeted population consisted of five elementary aged students at site A and five high school aged students at site B, both Chicago Public Schools. Evidence for the existence of the problem included parent surveys, teacher surveys, anecdotal records, behavioral observation charts, incidences of behavior problems and student work records.

Analysis of probable cause data revealed that social skills issues could be broken down into four categories that included the nature of the students' disabilities themselves, that led to delays and difficulties communicating their wants, needs and intentions because of poor speech production. Students with special needs were often segregated from social interactions with nondisabled students. Children with disabilities often engaged in less reciprocal interaction and communication than their so called normal peers. Finally, lower expectations from teachers and peers could actually become self-fulfilling prophecies with the student acting as they were expected to act.

A review of the solution strategies suggested by the professional literature and analysis of the problem resulted in the development of a five-step intervention process. This intervention included gathering baseline data to help identify targeted social skills and determine level of functioning. The three social skills most in need of teaching, according to the parent and teacher surveys were: the ability to follow directions, the ability to communicate needs and opinions and the ability to ask for help appropriately. A series of learning activities were then developed and implemented. The curriculum was taught over a period of five weeks. Finally, post intervention data and surveys were given and tallied.

Based on the presentation and analysis of the data collected, several conclusions concerning the direct teaching of social skills to students with moderate to severe cognitive delays were drawn. According to the results of the action research, direct teaching of social skills seemed to result in improved communication of wants and needs, an improvement in the ability to follow directions and to ask for help appropriately. All of the four targeted students chosen to participate in the action research project showed significant improvement in the three target social skills in the school environment as well as at home.

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CHAPTER 1

PROBLEM STATEMENT AND CONTEXT

"There is little of importance in our everyday lives that does not involve interaction with others (Katz, McClellan, 1997.)"

General Statement of the Problem

The students in the targeted group were Chicago Public School students ages 7-17, labeled as having moderate to severe cognitive delays, who exhibited inappropriate social behaviors. These behaviors led to poor social acceptability and lack of integration into the community. Evidence for the existence of this problem included anecdotal records, teacher observations, incidence of behavior problems, student work records, and evidence of isolation within the school community.

Immediate Problem Context

Local Setting

Site A was a Chicago Public Elementary School located on the south side of Chicago. It was a school for pre-kindergarten through 8th grade students and serviced 924 students. The school also offered special education and serviced 257 students with disabilities ranging from speech and language to students labeled TMH, or Trainably Mentally Handicapped. There were 24 students being serviced that carried the label of TMH.

The population of students consisted of 55.2% Caucasian, 30.8% Hispanic, 11.6% African American, 1.3% Asian and 1% Native American. The school also serviced a large Arabian population and offered English as a Second Language (ESL) services for the 15% of students who were limited English-proficient. The average class size was 31 with a mobility rate

of 16.1%. The attendance rate was 92.6% and 71.7% of students were considered to be low income.

Site B was a high school that serviced children with moderate to severe cognitive disabilities. It was the only all special education high school located on the south side of Chicago. The students ranged in age from 15-21. The school had an enrollment of 22[illegible] and the average class size was 10-13. The student racial makeup was 5.5% Caucasian, 12.39% Hispanic, 81.65% African American, and .46% Native American. The attendance rate was 90.6% with a mobility rate of 11.7% and 93% of students were considered low income.

Both schools were overseen by the Local School Councils (LSC). The LSCs were elected groups of school personnel, parents and community members that helped make important decisions at both sites. One of their major duties was to approve the School Improvement Plan that was written on a yearly basis. LSC members were elected by school employees, parents and community members annually.

Staff

The staff at Site A consisted of 126 people, 47 of them were teachers, with an average of 14.8 years experience and a student/teacher ratio of 22.1:1. The average teacher's salary was $48,879 and 28 teachers held masters degrees. The staff consisted of a principal, vice principal, two clerks, a case manager, social worker, counselor, speech pathologist, assistant and aide; and a part time psychologist, nurse, occupational therapist and mobility trainer for the visually impaired and blind. The school also had many teacher assistants, personal aides and CWA or child welfare attendants.

Site B had 28 classroom teachers, a principal, vice principal, nurse, speech pathologist and assistant, hearing impaired specialist, vision impaired specialist, occupational therapist, physical therapist and a part-time social worker. There were also many classroom aides and

CWA's (Child Welfare Attendants) in the building. Among the teachers, one held a doctorate and 17 held masters degrees, and together the group had an average of 20 years teaching experience. The average teacher's salary was approximately $53,000. The student/ teacher ratio at the school was 7.9:1.

Building & Facilities

Site A was in the process of having physical improvements made to the building because it was a very old building in need of repairs. The school was also very overcrowded. New windows and doors had been installed and the outside was tuck-pointed, and the inside painted within the last school year. There was also new landscaping done. A playground and two mobile units were built on the premises. The new mobile units consisted of four classrooms and two bathrooms each and were small, but in new condition. The building itself consisted of two main wings and two floors. There was also a library, lunchroom, main office and gym. The building was clean and decorated with student artifacts, but because of the overcrowding, some classes were held in hallways, and teachers and classes shared classrooms.

Site B was a two story building that was built in 1987. The school was clean and well maintained, but was also very overcrowded. The facility was built to accommodate 150 students and was servicing 222. Due to the overcrowding, classes were being held in auxiliary areas such as the greenhouse, laundry room, assembly hall and two staff planning areas. The school was partially handicapped accessible to accommodate the students in wheel chairs and with physical disabilities. Work was being done at the time to bring the school into compliance with the Americans With Disabilities Act (ADA), including, doors that opened automatically for wheelchairs, lowered lunch counters, lockers, etc.

Programs

At Site A there were programs available for students with special needs such as: learning disabilities, emotional and behavior disorders, speech and language delays and mild to moderate mental retardation. Programs ranged from pullout services to full time self-contained classrooms. All students enrolled at the school received gym, music and library instruction along with their daily classroom instruction. Computer classes were also given for most of the children. There was an after school program for students who needed extra help with academics. Extracurricular activities included girls and boys basketball and volleyball teams and a cheerleading and pom pon squad. Many of the students with disabilities also participated in Special Olympics every year. The school also participated in the Options for Knowledge program that allowed for some students to be bused in from other communities.

Because Site B was a school for students with disabilities. The school offered a functional job and life skills training curriculum and program for all students. The students were divided into teams according to age. On Team A they were taught academics to prepare them for their lives within the community and for as independent a life as is possible. The curriculum was modified from the High School CORE curriculum. On Team B the students were trained for entry level positions. While on Team C the students were further trained for and subsequently placed in job training sites off campus. Some of these positions led to employment after graduation.

Extra curricular activities were also offered at Site B such as basketball and softball teams, cheerleading, drama club, Special Olympics and a before school program.

Surrounding Community

Both Sites A and B were Chicago Public schools located on the South side of the city. The Chicago Public School system had 591 schools, 431,085 students and 45,024 employees.

Site A was located in the Ashburn community which had a population of 30,899. The racial makeup of the community was 55% Caucasian, 20% African American, 14% Hispanic, 1% Asian and 10% Other. Just like the school, the Ashburn community had a growing number of Arabian members. The average household income was $51,843, and the average home value was $110,000. The community was well kept but had some graffiti due to the growing amount of gang activity. The parents of the community were involved in their children's education, with contact between parents/guardian and staff at 100%. This meant that 100% of parents had some contact with the school during the school year. This contact was through writing, telephone or in person.

Site B was also located on the south side of the city in the Englewood neighborhood. It serviced not only children living within the district, but all young adults from the southern third of the city. There was a great amount of gang activity within the community and many of the homes and businesses had graffiti. Relations between the community and the school were good because many of the students from the school were employed by businesses within the community. The school had partnerships with many of the businesses to allow the students to have work-training experiences. Some of these businesses included nursing homes, fast food restaurants, hotels and other Chicago Public Schools. The school also provided some materials and services for the businesses and schools in the community that the students made and completed while on school grounds. Contact between that parents/guardians and staff at Site B was 85%. This meant that 85% of parents had some contact with the school within the school year.

Regional and National Context of the Problem

In an age when social skills are increasingly important, some researchers have speculated that formal social skills training is virtually non-existent in schools (Prey, Hall, Markley,as cited in: Sherman, Schumaker, & Sheldon, 1986; Vaughn, 1985). "The development of social skills has important implications for children's academics and vocational success as well as long-term mental health adjustment (Prey, et. all. as cited in: Pearl, Donahue & Bryan, 1986; Walker, McConnell & Clarke, 1985). Prey, et. all. state that even though the researchers have shown that social skills training is vitally important, in today's curriculums they are rarely being taught or even addressed. They also state that teachers seem to be relying more on decreasing or eliminating inappropriate behaviors that threaten classroom control, than teaching social behaviors that would help students not only to behave in school, but also to generalize into life

The Individuals with Disabilities Act (IDEA) had specific guidelines, that must be followed, when dealing with inappropriate social behaviors. Federal Law mandated that social skills goals be included in students with disabilities Individualized Education Plans (IEP). Still, there was no specified curriculum that stated what or how to teach students with disabilities the social skills that they needed to learn.

Communicative abilities were important to all individuals but were often overlooked in students with moderate to severe mental retardation. "The ability to communicate undoubtedly plays a major role in adaptation to and acceptance by a community consisting of persons with and without disabilities states Brignton, 1993.

Another important skill that students with moderate to severe disabilities were generally lacking in was self care. This included hygiene, cleanliness, proper toileting and self dressing. Prey, et. all, also states that these skills were mandatory for a healthy independent life, not to mention a satisfying social life, yet many students were not taught the proper way to maintain

their clothing and their bodies in a way that would benefit them in the future and allow them to generalize these skills into everyday life.

There were very severe consequences in today's world for acting socially inappropriately and not being able to pick up on social cues from others. For example, "Some special education students misused their sexuality to achieve popularity, or flaunted sex-related language to gain attention. Some became objects of ridicule because of their naivete' in social sexual manners." Walker-Hirsh, 1991 Adults with disabilities also tended to lose employment opportunities due to poor task related behavior and poor self-care, and interpersonal skills. Because of these serious and often grave consequences, appropriate social skills needed to be taught to students.

Based on classroom experience, research, data collected from anecdotal records, student work records, and incidence of behavior problems and evidence of isolation within the school community, this action research project focused on several social skills including those dealing with effective communication, interpersonal skills and self-care skills, that would be taught to the targeted classes. The results would be recorded.

CHAPTER 2

PROBLEM DOCUMENTATION

Problem Documentation

The students in the targeted group were Chicago Public Schools students, ages seven to eighteen, identified as having moderate to severe cognitive delays, who exhibited inappropriate social behaviors. These behaviors led to poor social acceptability and lack of integration into the community. Evidence for the existence of the problem included anecdotal records, teacher observations and the incidences of behavior problems. The students ages seven to fifteen were based at Site A, and the students ages fifteen to eighteen were based at Site B. The targeted group at Site A consisted of eight students, while the targeted group at Site B consisted of two classes with fifteen students in each class for a total of thirty students.

In order to document the need for teaching specific social skills, individual checklists (Appendix A), anecdotal records, parent surveys (Appendix B), and teacher surveys (Appendix C) were used.

The Parent Survey in Figure 1 was sent to eight parents whose children were students at Site A. All the surveys were completed and returned to school. The results indicated the parents were most concerned with the ability to communicate, following directions, appropriate touching, and participation in group activity.

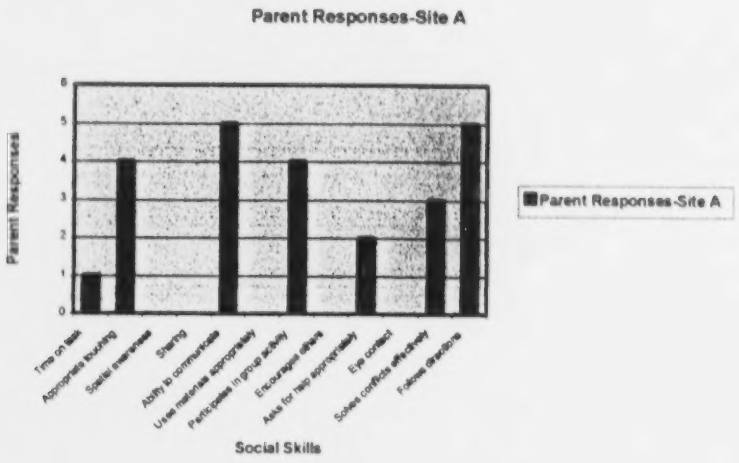

Figure 1. Parent survey- site A

The survey in was given to all nine Special Education teachers employed at Site A. All nine teachers returned the surveys. The results, as shown in Figure 2, indicated that the teachers were most concerned with time on task, participating in group activity and following directions.

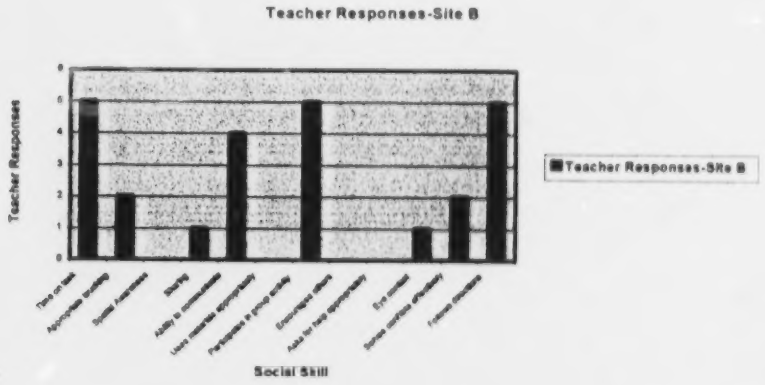

Figure 2. teacher survey – site A.

The parent survey was sent to thirty parents whose children attended school at Site B. Eighteen parents responded. The results, as shown in figure 3, indicated that the parents at Site B were most concerned with the ability to communicate, following directions and asking for help

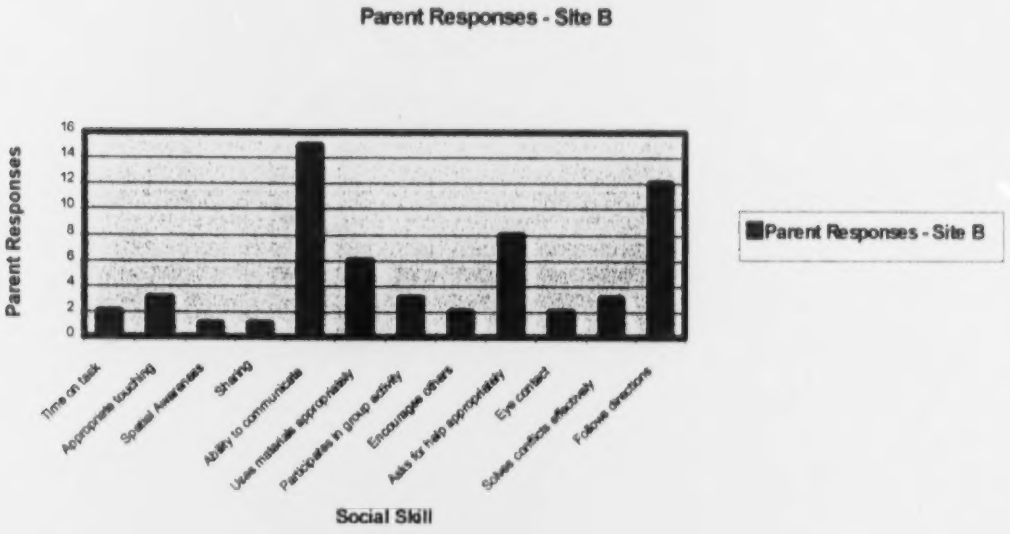

Figure 3. parent survey – site B

The survey was given to fifteen teachers. Eight teachers responded. The results, as shown in Figure 4, indicated that the teachers were most concerned with the ability to communicate, solving conflicts effectively, appropriate touching and asking for help appropriately.

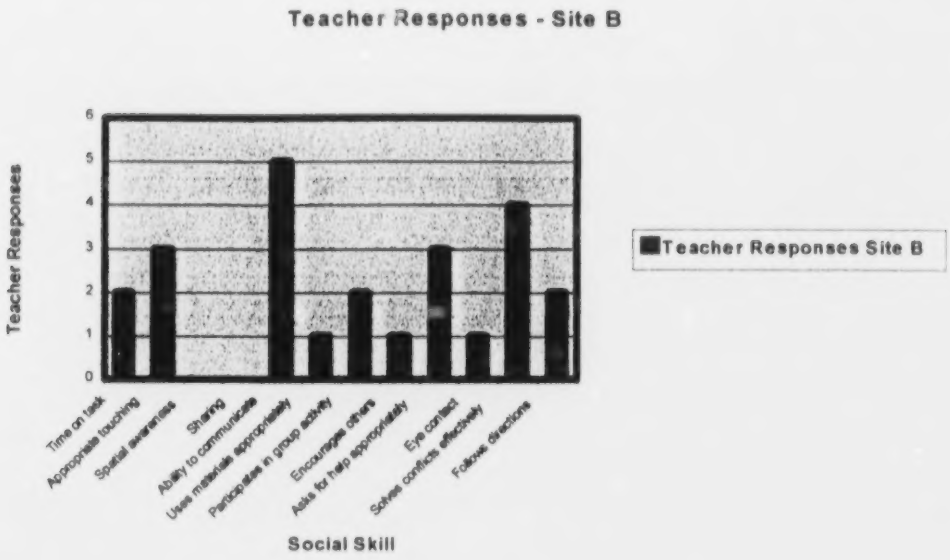

Figure 4. teacher survey – site B.

Based upon the results of the checklists, anecdotal records, parent and teacher surveys, three specific social skills were identified as priorities. Those specific skills were:

- The ability to follow directions
- The ability to communicate needs and opinions
- The ability to ask for help appropriately

Probable Causes

Information from both Site A and Site B was analyzed for possible causes of the problem of poor social skills. Both sites had evidence of increasing gang activity, including graffiti and increased violence. In addition, 71.7% of students at Site A and 93% of students at Site B were considered low income. Site A had a changing

racial/ethnic population with more English limited families moving into the neighborhood. All of the above factors may have contributed to the problem of poor behavior due to lack of social skills training. Further, until recently, there was no formal curriculum for the teaching of social skills. The Chicago Public Schools attempted to address Federal mandates set down in the Individuals with Disabilities Act (IDEA) by developing a Character Education curriculum beginning in 1993.

According to the social skills literature, there are many probable causes for poor behavior due to a lack of social skills. Three of the causes investigated for this research were poor communication skills, social segregation of special education students and low expectations for students with cognitive disabilities by parents, teachers, peers and society in general.

Children with cognitive disabilities often have difficulty communicating needs, wants and intentions because of delays in speech production, formal language and development (Schiefelbusch, 1993). Infants with developmental disabilities use fewer symbolic behaviors when reacting to events in their environments than do their peers without disabilities (Schiefelbusch, 1993). As children and adults, they often miss many verbal and nonverbal cues that would help with communication, thus causing delays in social skills. The inability to interpret these cues has the effect of delaying maturation needed for social relationships. Children with poor communication skills often become isolated socially.

Another cause for inappropriate social behaviors appears to be social isolation. Children identified as having developmental disabilities are often isolated in special education classes away from their non-disabled peers. The segregation of children with special needs causes delays in appropriate social interactions (Gresham and MacMillan,

1997). If children are not taught appropriate skills with which to interact with peers, and given a chance to practice these skills, it should come as no surprise when they fail to develop mature social relationships. Proponents of so-called mainstreaming have long used the argument that self-contained special education classrooms foster social isolation with children identified as having disabilities, preventing them from interacting with non-disabled peers who could serve as positive role models for appropriate behavior. However, in at least one research study (Miller,Clarke, Malcarne, Lobato, Fitzgerald and Brand, 1991) integration of students with disabilities with their non-disabled peers often fails to improve their social skills, with the disabled students being rejected due to immature behavior.

Students with disabilities are often prejudged based on their disabilities, and treated accordingly by others. When parents, teachers, and society in general learn of a child's disability, they often lower their expectations for that child which then becomes a self-fulfilling prophecy (Miller et al., 1991). How others see a child often becomes the measure for that child's achievements. If a child is not taught appropriate social skills and not held accountable for behavior, the child cannot be expected to exhibit the skills needed to achieve social acceptability. Very often inappropriate behaviors are tolerated in children with disabilities. People often interact with disabled children in a sympathetic way and speak to these children as they would very young children, in turn causing the children with disabilities to act younger than their actual years, and behave in a socially inappropriate way (Miller et al., 1991).

Poor communication skills, social segregation, and low expectations for students with disabilities, are probable causes for inappropriate behavior due to a lack of social skills. Ongoing, systematic teaching of appropriate social skills would have the effect of

increasing the students' abilities to gain social acceptance and increase opportunity for learning skills that would be useful in their future lives.

CHAPTER 3

THE SOLUTION STRATEGY

Literature Review

"There is little of importance in our everyday lives that does not involve interaction with others (Katz, p.373)."

The ability to communicate and interact socially with peers is difficult for many children, but seems to be significantly harder for children and adults with moderate to severe cognitive delays. This inability to appropriately interact with others has been proven to lead to social isolation, loss of employment, poor self-esteem and depression (Brinton & Fuijiki, 1993). Many authors and educators alike have ideas and philosophies about how to help students with disabilities develop the social skills they will need to have a successful and fulfilling future in their communities, families and personal lives.

Children and adults labeled as having a cognitive delay in the moderate to severe range are often excluded from the regular education classroom. Often times they are excluded from the "regular" school setting all together. If students with disabilities are in regular school settings, they are, many times in separate classrooms and programs and are not given opportunities to interact with their non-disabled peers. Many people feel, as does Bellanca (1992), that a solution to the problem of social isolation and the lack of social skills among students with disabilities is to mainstream students with cognitive delays into the regular education programs. Proponents of this solution feel that mainstreaming children with moderate to severe cognitive delays into the regular education classroom benefits both the "normal" or average learner, as well as the students

with disabilities (Bellanca, 1992). There are new provisions about mainstreaming or inclusion, as it is also commonly referred, in PL 97-147, Individuals With Disabilities Education Act, that call for new system-wide changes and policies to be implemented. These new laws effect both general and special education (Skiba, Russelle, 2000). There are many lawsuits pending and many people feel very strongly both for and against having children with disabilities in the regular class setting. The "Cory H lawsuit, for example, is effecting many classrooms in the Chicago Public School system at this time. As a result of this lawsuit there is a push in educational institutions for children with cognitive and developmental delays to be serviced in inclusive settings (Chira, 1993).

One way that many proponents of mainstreaming feel would facilitate including students with disabilities into the regular classroom is by teaching cooperative learning skills and using cooperative learning programs and activities (Putnam, Rynders, Johnson & Johnson, 1989). Ann Nevin stated that "using cooperative groups in the classroom helps students achieve their own academic goals while at the same time assisting others" (Nevin, 1993). Unlike other methods of instruction, including children with disabilities into cooperative activities and lessons, is actually encouraged. Cooperative groups are to be constructed heterogeneously, and says Nevin "the more diverse, the better."

Children who participate in cooperative learning activities are afforded an opportunity to learn important social skills. Some of these skills include: sharing, the ability to work with others and the ability to communicate and compromise effectively (Puttnam, Spenciner, 1993). Students with disabilities receive the opportunity to learn

how to socialize appropriately with other disabled, as well as non-disabled children. With the skills they will learn in their cooperative groups, they can hopefully better live and work in their communities. Although, many factors contribute to a cooperative learning activity being successful for students with disabilities, teachers play an extremely important role. The literature suggests that with curricular modifications and teacher monitoring and modeling, any cooperative learning activity can be adapted to include all students. According to Nevin, the teachers need to be "inventive and flexible in order to insure academic and social progress."

Skiba and Peterson feel that it is more effective to deal with the problem of socially deviant behaviors by curtailing the issues before they become out of control. Teachers and administrators can set up programs and rules such as the ones described by Cole, Vandercook and Ryders (1988), to set up learning environments in which everyone is accepted and everyone works up to his or her academic and social potential. Demchak, (1998), believes, as do Skiba and Patterson, that the programs he describes are much more effective than zero tolerance policies and school suspensions when it comes to dealing with problems of children's inappropriate social behaviors.

A second possible solution would be to directly teach the social skills to the children using a specific social skills curriculum (Rosenthal-Malek, 1998). Curriculum is broadly defined as "anything from a course of study in school, to the totality of schooling itself" (Sequel, 1996). Children with and without disabilities need to have appropriate social skills modeled for them by teachers, parents and peers (Phillips-Hershey and Ridley, 1996; Brunner and Majewski, 1990). "*Modeling,* involves demonstrating the

desired behavior so that it can be imitated" (Baer, Peterson & Sherman, 1967). If teachers show children what is socially acceptable behavior, children understand and can see how behaving in a socially acceptable way can benefit them. Students with disabilities have difficulty picking up on social cues and innuendos and need to have social skills specifically taught to them in a way that they can understand and is meaningful and relevant to their lives (Hilton & Ringlaben, 1998).

There are some curricula in existence today that incorporate the teaching of social skills, or deal specifically with teaching the social skills. Many of these curricula are not specifically designed for children who have moderate to severe cognitive delays, but can be modified and adapted to include these learners. As stated earlier, one of the best ways to teach social skills to all children is by using methods of cooperative learning. Using cooperative learning in the regular and special education classrooms can help to teach children how to socialize appropriately and can give them opportunities to practice. It can provide tools to transfer the skills learned into real life situations (McCabe, Rhoades, 1992; Meyer, 1992). Some cooperative learning activities that would be appropriate to use with students with disabilities would be "people searches," peer tutoring, role playing, and team games and tournaments. People searches are worksheets with help the students to interact with one another. These worksheets have instructions, which ask them to find someone in the room who possesses a certain characteristic, attribute or feeling, or has experienced a certain event. An example of a request on the worksheet would be: find someone who has blond hair. The students would then have to go around the room and find someone with that specific attribute. People Searches can be easily adapted for

students with cognitive delays and can even be modified to include pictures instead of words for non-readers. These cooperative learning activities can be modified to include learners functioning at all academic levels and provide excellent opportunities for social development.

An efficient way to teach both academic and non-academic skills and lessons to children with disabilities is by using a "Functional Skills Curriculum" (Gloeckler & Simpson, 1988). A Functional Skills Curriculum teaches both academic and social skills to children "within the context of practical application" (Weaver, Adams, Landers, 1998). This is also sometimes referred to as a Life Skills curriculum. One important Functional of Life skill area is social skills. Teaching skills that effect students lives, and in ways that they can use effectively later in life, is the way that many people feel is most effective. Kokaska and Brolin, (1985) feel that "if students with disabilities do not receive direct and systematic instruction in Life Skill areas at an early age, then they may never learn the skills."

One specific curricular program to use to teach social skills to students with disabilities is the Circles Concept, developed by Walker-Hirsh and Champagne, (1991). The Circles Concept approach is a method of teaching social skills, with a focus on sex education. Because many students with disabilities often have difficulty with issues of sexuality, and are in danger of becoming victims, it is important to teach children what is socially appropriate and inappropriate when it comes to sexual matters. In this program, different levels of intimacy and socialization are laid out on a circle map, and each circle is represented by a color. Students use role-playing activities that pertain to each level of

the circle. The circle gives a concrete symbol to many abstract feelings and situations, which makes it easier for students with disabilities to relate to their feelings and lives. Walker, Hirsh and Champagne state that, students who have participated in the Circles program "enjoy great success using the simple design, and feel better about their rights to be in control of their bodies and relationships, and are better prepared to leave school and contribute more productively to their communities."

A third possible solution to the problem of the lack of social skills is to teach using a multiple intelligence approach. Multiple intelligence theorists believe it is important to teach social skills to children using activities that will allow children to use more than one of their natural intelligences (Weber, 1999). One way to teach social skills using multiple intelligences would be to use role playing activities and incorporate the students' bodily kinesthetic intelligence. Another way would be to use rehearsals of situations that the students may occur on a daily basis. In these rehearsals students practice saying what they may say if they were actually in the situation. These rehearsals incorporate the students' verbal linguistic intelligence and seem to be very effective for students with disabilities. The rehearsals help to make the lessons more pertinent to the students everyday lives, and give them valuable opportunities to practice skills learned so they can better transfer the skills to situations outside of the classroom (McCabe and Rhodes, 1992). This technique of using role playing to help teach social skills is actually a combination of multiple intelligence and cooperative learning methods of instruction.

Another curriculum, called Ready to Use Social Skills Lessons & Activities for Grades Pre Kindergarten to Kindergarten and High School, designed by the Society for

Prevention of Violence with The Center for Applied Research in Education, has also been found to be effective in teaching social skills. The curriculum is available for children of kindergarten age up through high school. While it is not specifically designed for children with disabilities, many lessons can be adapted for students with cognitive delays.

Project Objectives

As a result of the direct instruction of the social skills curriculum, and the use of cooperative learning and role playing exercises, during a period of September 2000 to November 2000, the students labeled as having moderate to severe cognitive delays, ages 7-17 will improve their social skills, as measured by teacher made behavioral observation charts and comparisons of pre and post intervention surveys.

Process Statement

In order to accomplish the project objective, the following processes were necessary:

1. Base line data on student social skills was taken using teacher and parent surveys and Behavioral Observation Charts, designed by the researchers.
2. Target social skills, to be the focus of intervention, were identified after analyzing the pre-intervention data.
3. A series of learning activities dealing with specific social skills were identified and the curriculum was designed.
4. Curriculum was selected and intervention was implemented.
5. Post intervention surveys and checklists were given and analyzed.

Action Plan

The action plan for this research project was implemented as seen on the September, October and November 2000 calendars in Appendix D . The calendars give the reader a day-by-day account of what occurred during the research project. The intervention occurred over a period of five weeks, on a daily basis, for approximately 40 minutes each day. The intervention was implemented through the modalities of direct instruction of social skills using the curriculum in Ready to Use Social Skills Lessons & Activities, and by activities involving role-playing and cooperative learning techniques.

Methods of Assessment

In order to assess the effects of the intervention, behavioral observation charts consisting of the targeted social skills were developed and completed after the five weeks of intervention. Anecdotal records were also completed. Teachers and parents who encountered the students on a regular basis completed post surveys about the four target students and their social skills. These assessments were analyzed to determine the impact of the social skills intervention.

CHAPTER 4

PROJECT RESULTS

Historical Description of the Intervention

The primary objective of this action plan was to improve the social skills of students ages seven to twenty one, labeled with a moderate to severe cognitive delay through the use of direct teaching of social skills with activities involving small groups, using cooperative learning. This plan was developed because the literature, and data taken at both of the two research sites confirmed that there was a need for the improvement of the social skills in the targeted population. The Action Plan was placed into effect in September of the 2000-2001 school year. Surveys were given to parents of the students in the targeted classes as well as to teachers who interacted with the students on a regular basis to determine if social skills needed to be taught, and if so, which skills were most important. When the results of the surveys were compiled it was determined that certain social skills in the target group of students were lacking. The three social skills, according to the survey that most needed to be taught were: the ability to follow directions, the ability to communicate needs and opinions, and the ability to ask for help appropriately. Anecdotal records and behavior checklists were then taken on the four target children before intervention began. These four students were chosen because the students were lacking the targeted social skills and their parents had proven to be supportive in prior school activities and meetings. The three specific social skills were then taught to the two classes of students which the targeted students participated, using

direct teaching of a social skills curriculum and cooperative learning techniques. These three specific skills were taught at taught for approximately forty minutes per day over a period of five weeks. During the teaching and at the conclusion of the pre-determined amount of time, behavioral checklists and anecdotal records were again taken and follow up surveys were completed to determine if the intervention was successful.

Presentation and Analysis of Results

Case Study of Student K at **Site A**

One of the two students chosen to participate in this action research class is student K. Student K was a ten year old girl with a moderate cognitive delay as well as a speech and language impairment. She lived at home with her mother, father and two younger brothers. She had been in the classroom for students labeled trainably mentally handicapped (TMH) for the past four years. Student K was currently taking medication to help control her behavior and had been doing so for many years. Student K is also involved in extra curricular activities outside of school in which she has the opportunity to interact with her peers. Student K was a friendly, happy girl who enjoyed interacting with other children, both in and out of school.

At the start of the 2000-2001 school year a survey was sent to Student K's mother and was also distributed to the other teachers who work with Student K on a consistent basis. Behavioral checklists and anecdotal recordings were also taken over a one week period of time. The surveys, behavioral observation charts, and anecdotal recordings indicated that K had difficulty communicating her wants and needs effectively, as well as difficulty following directions. She often reverted to inappropriate touching and yelling

to communicate her feelings and desires. Student K also seemed to have significant difficulty following directions at home, school and extra curricular activities.

On the second week of the action plan, the intervention was started. This intervention consisted of direct teaching of the social skills curriculum developed for children with cognitive delays, cooperative group activities and appropriate modeling of the social skills. The intervention continued for a three week period of time. Behavioral observation charts were again taken to determine if the intervention had an impact on her ability to communicate her needs and wants, her ability to ask for help appropriately, and her ability to follow directions.

When the first behavioral observations were taken, Student K followed a one-step direction in two out of fifteen trials, or 13.3% of the time. She asked for help appropriately 1 out of fifteen times 7% of the time. She communicated her needs and wants effectively and appropriately 7% of the time, or 1 out of 15 times. At the conclusion of the intervention, Student K made dramatic improvements. She then followed a one-step direction 53.3% of the time which was a 40% improvement. She asked for help appropriately 33.3% of the time, which was a 26.3% improvement. Student K used the sign for help and said "help please!" on a regular basis. She communicated her wants and needs 40% of the given trials for a 33% improvement. Student K exhibited a large decrease in her incidents of inappropriate touching or hitting (Figure 5).

Case Study of Student R at **Site A**

Student R was a ten year boy who was labeled as having a moderate cognitive

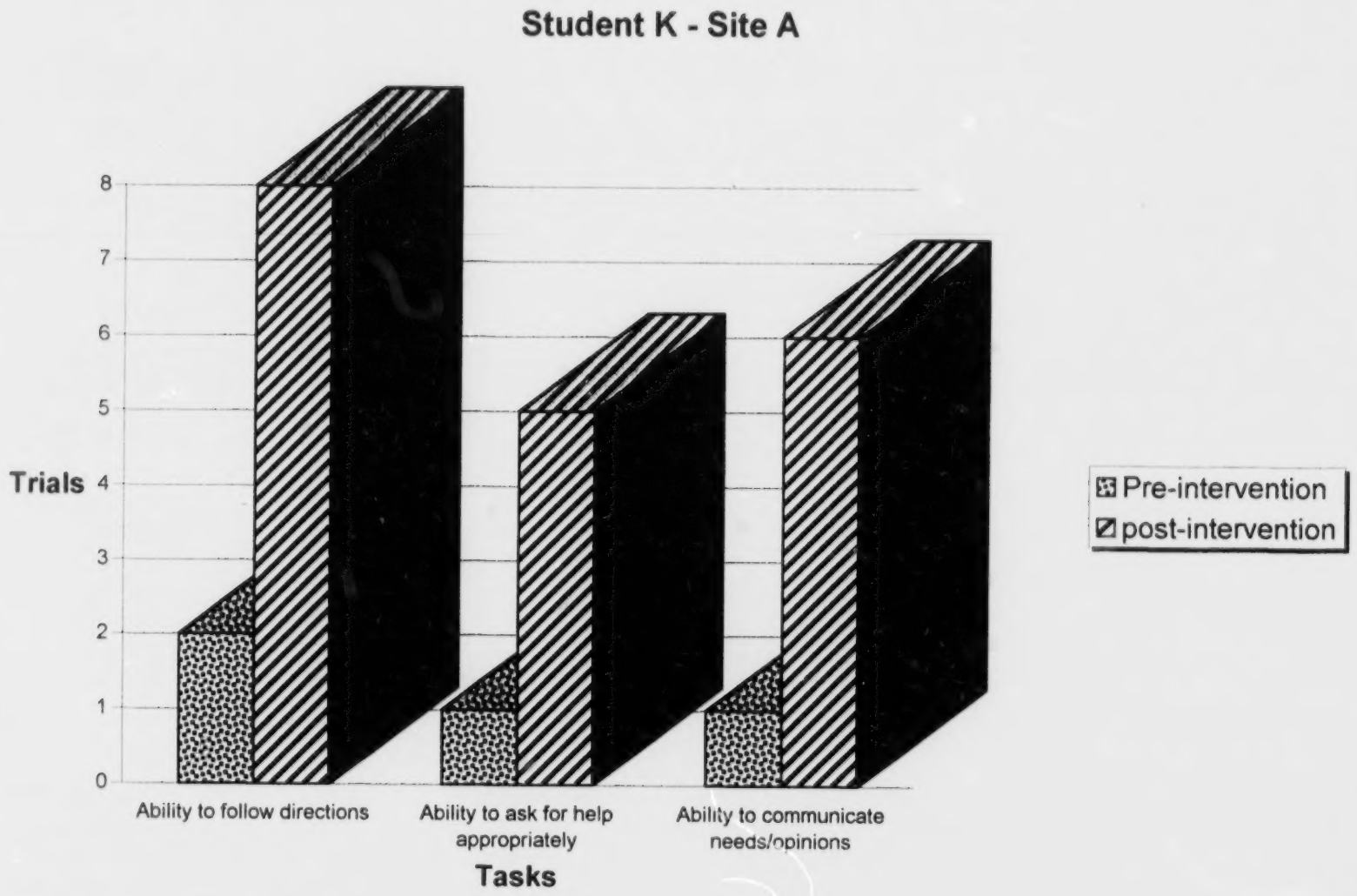

Figure5. student K-site A

delay and a speech and language impairment. He lives at home with his grandmother, mother, and younger sister, and visited his father, step mother and baby brother every other weekend at his father's home. He had been in a class for students with cognitive delays for the past five years. Student R also had opportunities to participate in extra curricular activities with his peers outside of school.

At the start of the intervention, according to the surveys and behavioral observation charts, R had difficulty following directions, communicating needs and wants effectively, and asking for help appropriately. Prior to the intervention R followed a one-step direction 40% of the time or 6 of 15 trials. He asked for help appropriately 33.3% of the time and communicated his wants and needs 33.3% of the time. At the conclusion of the intervention, Student R could follow a one-step direction 66.6% of the time or 10 of 15 trials, which is an improvement of 26.6%. He asked for help appropriately 73.3% of the time, which was a 40% improvement, and he effectively communicated his wants and needs 66.6% of the time, a 33% improvement (Figure 6).

Case Study of Student V at **Site B**

Student V was an eighteen year old young man with a moderate cognitive disability and a speech and language impairment. He had attended the high school for students with cognitive disabilities for three years. As a student he was in an occupational, departmentalized high school setting. He attended six classes per day, one of which was Family Life Education. At the start of the intervention, according to the behavioral observation charts and the surveys, V had difficulty with the targeted social skills. He followed a one-step direction 20% of the time or 3 of 15 trials. He asked for

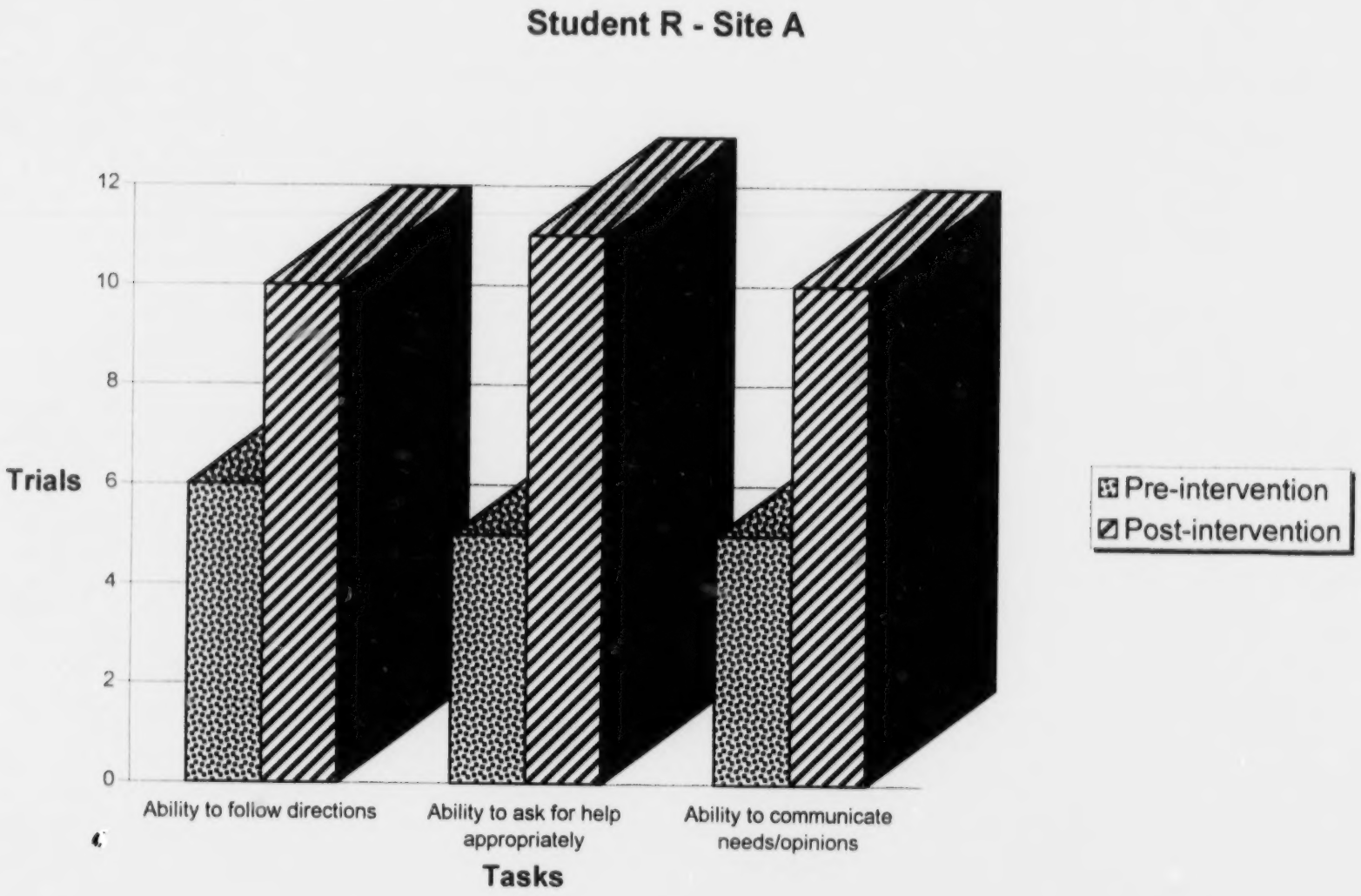

Figure 6. student R-site A

help appropriately 13.3% of the time. Many times instead of appropriately asking for help, he demanded attention in a rude manner. He effectively communicated wants and needs 33.3% of the time (Figure 7).

At the conclusion of the intervention Student V used strategies taught during the social skills training. Some of these included giving eye contact when receiving directions and repeating the direction back to the teacher or supervisor. As a result of using these strategies and others, StudentV improved his ability to follow directions by 33%. After the intervention, he remembered to ask for help, rather than demand it and has improved this skill by 46.7%. Finally, he effectively communicated his wants and needs 46% of the time, which was a 13.3% improvement (Figure 7).

Case Study of Student B at **Site B**

Student B was an eighteen year old young man who has a moderate cognitive delay and language impairment. He was introverted, and apprehensive about participating in classroom activities. Student B also had difficulty following directions and was reluctant to ask for help or communicate his wants and needs. Student B's inability to follow directions and advocate for himself would make him a poor candidate for employment in the community, outside of the school setting. Prior to intervention, Student B followed directions correctly 13.3% of the time. He asked for help appropriately only 6.6% of the time and effectively communicated his wants and needs 33.3% of the time (Figure 8).

Student B really seemed to enjoy the social skills activities that employed cooperative learning techniques because he very much liked to be part of a team. Student

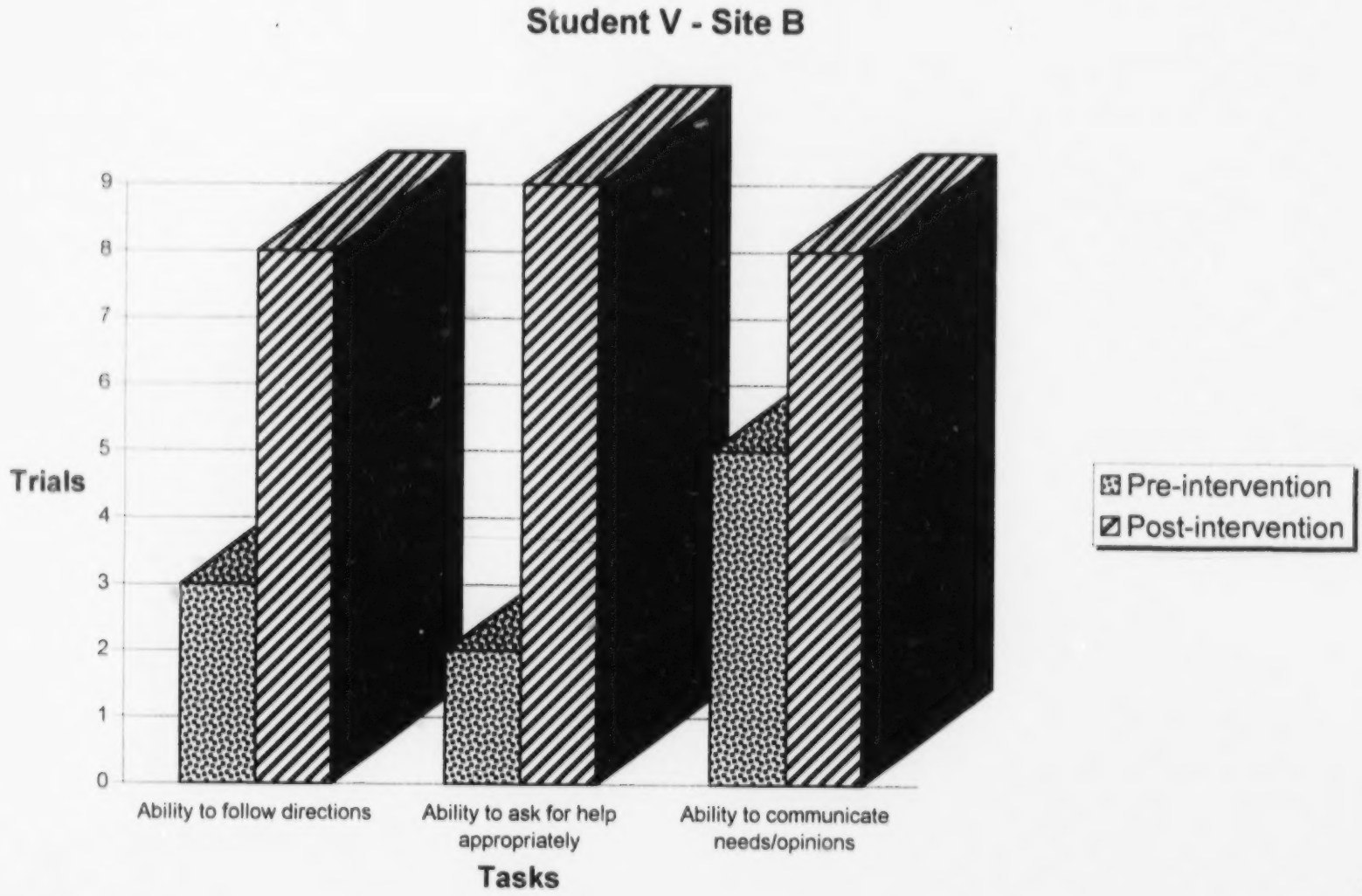

Figure 7. student V-site B

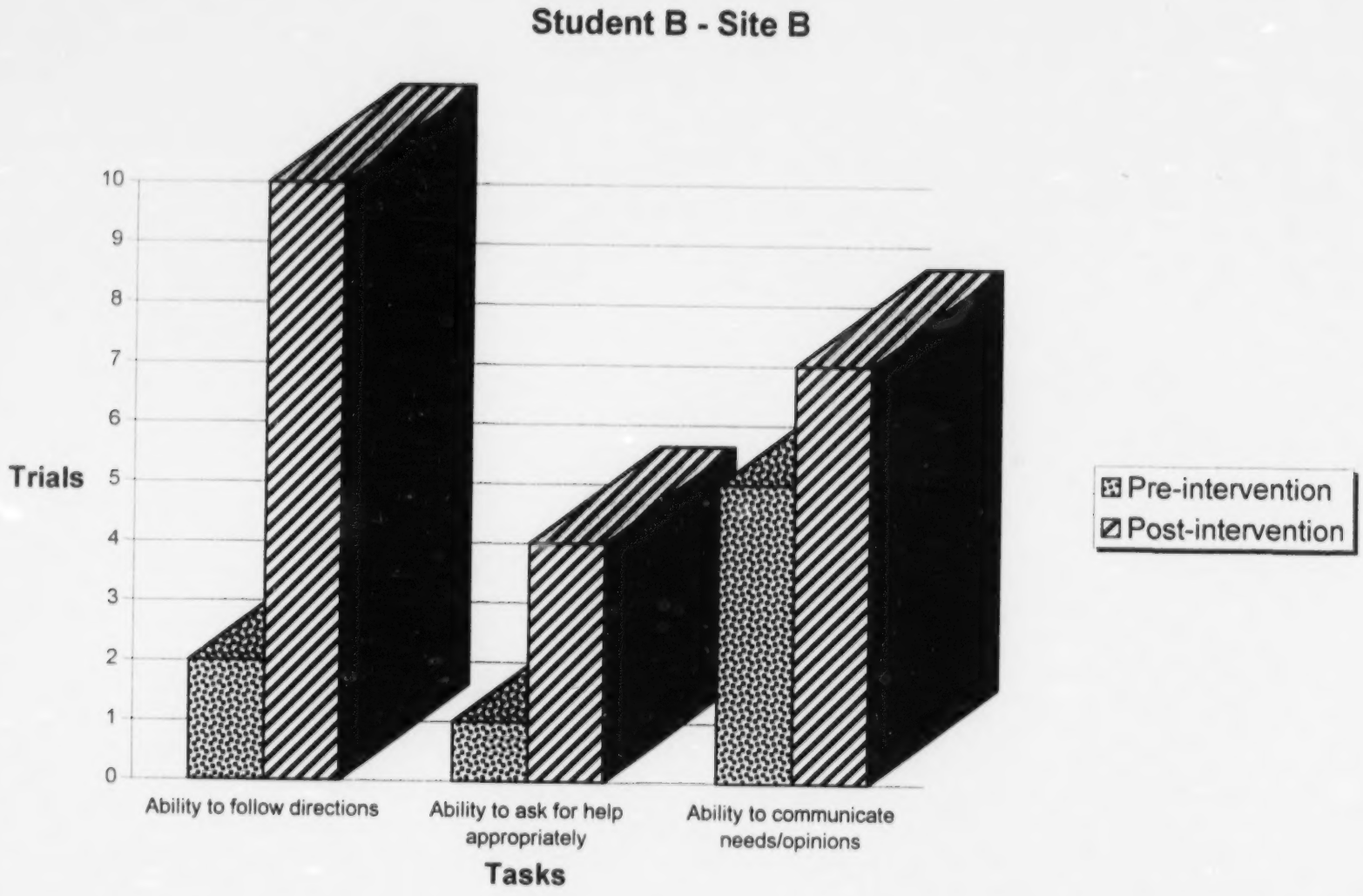

Figure 8. Student B-site B

B improved his behavior enough to make the basketball team. He seemed to realize the need to improve his behavior in general and to work with others. Student B improved his communication skills by 13.3%. He asked for help appropriately 26.6% of the time, which was an improvement of 20%. Most dramatically, Student B improved his ability to follow direction by 53.3% (Figure 8).

Conclusions and Recommendations

Hopefully, continuing to directly teach, model and give opportunities to practice appropriate social skills will enable students with cognitive delays to lead more fulfilling lives, allowing them to live and work productively at home and in the community. Based on the presentation and analysis of the data collected, several conclusions concerning the direct teaching of social skills to moderate to severely handicapped students, can be drawn. First, according to the results of the action research, direct teaching of social skills seems to result in improved communication of wants and needs, an improvement in the ability to follow directions, and ask for help appropriately. All of the targeted students chosen to participate in the action research project showed significant improvement in all three of the social skills targeted, within the school environment as well as in their homes. Parents, grandparents and other teachers noted in their post surveys, "the targeted students were better able to communicate with their peers and family members." The students themselves, enjoyed the activities including the role playing, and cooperative team activities. One particular activity enjoyed by students at both sites were the People Searches (Appendix E) and The Thumbs Up, Thumbs Down Game (Appendix F). As a result of the project intervention, we determined that students

at the primary level could benefit by and enjoy the direct teaching of social skills. Students at the high school level benefit from social skills training in order to compete for jobs in the community as well as for interpersonal relationships. Both groups of students exhibited an increased awareness of their feelings and the feelings and reactions of others. Many times since the intervention students have pointed out examples of appropriate and inappropriate behaviors that they learned about in class.

Our Recommendations include:

- Direct teaching of social skills for cognitively delayed students should be integrated across the content areas. This will allow for better transfer of the skills throughout their school and social lives.
- Social skills instruction for cognitively delayed students should be introduced at the primary level and continued throughout the students' education.
- Parents should be given the opportunity to participate in the social skills instruction and program development at school. Allowing the parents to have imput into what is being taught seems to help insure parental support. It also helps parents to see results at home, because the students transfer skills they learn at school to their home lives because the expectations are the same both at home and school. One parent commented on a follow up survey: "how well her daughter was communicating with her brothers at home."
- Parents, teachers and students should work together to develop a program that is useful and consistent both at home and school.
- Staff development should include the benefits of implementing social skills training.

- Staff should model appropriate social behaviors as an instructional strategy.
- Students should be given opportunities to practice social skills they have learned.
- Staff members should be encouraged to recognize and reward students who exhibit appropriate social skills. This will help to provide students with continuity to help ensure transfer of the skills to all classes. More progress would be noted if their was school wide support.

In conclusion, through the action plan, the researchers have determined that direct teaching of social skills to students with moderate to severe cognitive delays results in the improved ability to follow directions, ask for help appropriately and effectively communicate wants and needs, both in the school setting and at home.

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Appendices

Appendix A

Pre/Post Checklist

Name _____

Date(s) _____

Observable Behavior	**Yes** # of times	**No** # of times
Follows directions		
Asks questions appropriately		
Communicates wants and needs		

Comments: _____

_____

Appendix B

Dear Parent/Guardian,

As part of a school project, I am asking that you play an important part by filling out a survey and returning it to school as soon as possible. As you know, we are working to help the children learn how to get along with their friends, family members and fellow community members and co-workers. Many of the students try very hard to get along, but don't seem to know exactly what is expected or how to act and react. I am trying to teach certain social skills directly to your child to help the student better get along with others at school, home, church, the job, etc. Your answers on the survey would help determine which skills are most needed.

Thank you,

Mrs. Susan Schlitz & Ms. Molly Schlitz

PARENT SURVEY ON STUDENT SOCIAL SKILLS

Please check the three social skills that you feel to be the most important.

_____ Time on task

_____ Ability to keep hands to yourself/appropriate touching

_____ Spatial awareness

_____ Sharing

_____ Ability to communicate needs/opinions

_____ Appropriate use of materials

_____ Participation in group task/activity

_____ Ability to encourage others

_____ Ability to ask for help appropriately

_____ Appropriate eye contact

_____ Solving conflicts effectively

_____ Ability to follow directions

Circle the number you feel describes how well your child performs each of these tasks.

1	2	3	4	5
can not do	rarely does	occasionally does	does most of the time	can do it!

1. Follows directions

1 2 3 4 5

2. Works with a small group of peers

1 2 3 4 5

3. Finishes something he/she has started

1 2 3 4 5

4. Asks for help appropriately (If he or she does not understand, raise hand)

1 2 3 4 5

5. Shares materials

1 2 3 4 5

6. Encourages others with words or gestures (Thumbs up, clap, etc.)

1 2 3 4 5

7. Talks/communicates in an appropriate tone of voice.

1 2 3 4 5

8. Stands or talks to another person while respecting personal space (not standing too close or too far away)

1 2 3 4 5

9. Sits with others for an extended period of time (10 min. or more)

1 2 3 4 5

10. Looks at others while communicating with them.

1 2 3 4 5

11. Keeps hands to him/her self.

1 2 3 4 5

12. Is able to handle conflict.

1 2 3 4 5

13. Can speak up for him or herself when a problem occurs.

1 2 3 4 5

Please feel free to write any other comments you would like to add on the bottom of this survey.

Appendix C

Teachers,

I am in the process of obtaining my Masters degree at St. Xavier University and one of the requirements for graduation is that I complete an Action Research Project. I am researching the topic of social skills and their effect on children and adults with mild to moderate disabilities. I am asking you for your professional opinions on these topics to help me with my research project. If you would please fill out the enclosed survey and return it to my mailbox as soon as possible I would be so grateful. I know you are all very busy so thank you for taking the time to do me this favor.

Thank you for your help,

Molly Schlitz 104, Susan Schlitz

TEACHER SURVEY ON STUDENT SOCIAL SKILLS

Please check the three social skills that you feel to be the most important.

_____ Time on task

_____ Ability to keep hands to yourself/appropriate touching

_____ Spatial awareness

_____ Sharing

_____ Ability to communicate needs/opinions

_____ Appropriate use of materials

_____ Participation in group task/activity

_____ Ability to encourage others

_____ Ability to ask for help appropriately

_____ Appropriate eye contact

_____ Solving conflicts effectively

_____ Ability to follow directions

Circle the number you feel describes how well you feel the target student performs each of these tasks.

1	2	3	4	5
can not do	rarely does	occasionally does	does most of the time	can do it!

1. Follows directions

1 2 3 4 5

2. Works with a small group of peers

1 2 3 4 5

3. Finishes something he/she has started

1 2 3 4 5

4. Asks for help appropriately (If he or she does not understand, raise hand)

1 2 3 4 5

5. Shares materials

1 2 3 4 5

6. Encourages others with words or gestures (Thumbs up, clap, etc.)

1 2 3 4 5

7. Talks/communicates in an appropriate tone of voice.

1 2 3 4 5

8. Stands or talks to another person while respecting personal space (not standing too close or too far away)

1 2 3 4 5

9. Sits with others for an extended period of time (10 min. or more)

1 2 3 4 5

10. Looks at others while communicating with them.

1 2 3 4 5

11. Keeps hands to him/her self.

1 2 3 4 5

12. Is able to handle conflict.

1 2 3 4 5

13. Can speak up for him or herself when a problem occurs.

1 2 3 4 5

Please feel free to write any other comments you would like to add on the bottom of this survey.

Appendix D

September 2000

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 Send out parent and teacher surveys	5	6 Collect and tally parent and teacher surveys	7 Observe and Fill out behavioral observation charts on targeted students	8 Continue observations	9
10	11 Continue observations	12 Continue observations	13 Continue observations	14 Continue observations	15 Continue observations	16
17	18 Implement direct instruction intervention	19 Implement direct instruction intervention	20 Implement direct instruction intervention	21 Implement direct instruction intervention	22 Implement direct instruction intervention	23
24	25 Add copperative learning activities and complete BOC (Behavioral Observation Chart)	26 Add cooperative learning activities and complete BOC's	27 Add cooperative learning activities and fill out BOC's	28 continue intervention	29 continue intervention	30
	Add role playing activities and fill out BOC's	Add role playing activities and fill out BOC's	Continue interventions	Continue interventions and data recording	Continue interventions	

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October 2000

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Continue implementing interventions and weekly fill out BOC's	3	4	5	6	7
8	9 Continue implementing interventions and weekly filling out BOC's	10	11	12	13	14
15	16 Continue interventions and weekly fill out BOC's for targeted students	17	18	19	20	21
22	23 Send out parent and teacher surveys	24	25	26 Collect parent and teacher surveys	27	28
29	30 Fill out post tests surveys and BOC's for targeted students	31				

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November 2000

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Data collection and project interventions should be completed this week	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Appendix E

Name _____

FIND SOMEONE WHO...

Can tell you the name of our school

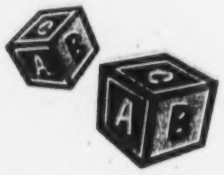
_____

Has a baby living at their house

_____

Can name a fall color

_____



Can tell you what letter their name starts with

_____

Can tell you their address

_____

Is happy today

_____

PEOPLE SEARCH

A

Find someone whose name starts with the letter A.

_____

Find someone whose birthday is in October.

_____

7

Find someone with 7 letters in his first name.

_____

Find someone who has 2 pieces of gum.

_____

Find someone with 3 paper clips.

_____

1

Find someone who has at least 1 brother.

_____

Find someone who has a birthday in July.

_____

18

Find someone who is 18 years old.

_____

Find someone who has a dog.

_____

Name_____

PEOPLE SEARCH

J

Find someone whose name starts with the letter J.

_____

Find someone whose birthday is in January.

_____

6

Find someone with 6 letters in his first name.

_____

2

Find someone who has 3 M & M's.

_____

3

Find someone with 3 green sticks.

_____

1

Find someone who has at least 1 brother.

_____

Find 2 people who have birthdays in October.

_____

_____

16

Find someone who is 16 years old.

_____

Find someone who can use a calculator.

_____

Name_____

:Date_____

Division Number_____

Locker Number_____

Appendix F

Description of/and Directions for Thumbs Up/Thumbs Down Activity

This activity can be done to help students identify appropriate and inappropriate social behaviors. Behaviors can be explained and modeled for students, and then with either the thumb pointed up or down, the students can indicate if the behaviors are appropriate or inappropriate. All questions can be adapted to fit the academic and social functioning of the students participating in the activity.

Materials: Each student needs to be given the thumb paper.

Examples of behaviors:

1. If someone hits you, you should hit them back (thumbs down).

2. If you do not understand the directions you should raise your hand (thumbs up).

3. If you want to talk to or play with your friends you should pull on their arms (thumbs down).

4. If you are at work and you do not understand what the boss wants you to do, you should just stand there (thumbs down).

5. If you need to get by and someone is in your way, push them (thumbs down).

6. If you want something you should say "please" (thumbs up).

7. You should pick your nose at school (thumbs down).

8. If you want a girl or boy to dance with you, you should say, "hey baby, dance with me!" (thumbs down).

9. If someone says something you don't like you should say, "shut up" (thumbs down).

10. You should smile and say hello to people you know (thumbs up).

Appendix G

Fall, 2000

Dear Parents and/or Guardians,

We (Susan Schlitz and Molly Schlitz) are in the process of obtaining our Masters degree from Saint Xavier University. As one of the requirements for graduation we are to complete an Action Research Project. We have chosen to research the topic of students with special needs and social skills. Hopefully, through this research we will be able to teach your child specific social skills that will help him or her to interact appropriately and effectively with others in their families, schools, communities, churches and daily personal lives.

We would like to be able to include your child in this research project. If you will allow your child to be involved in this research project, your child's name would not be used and all information about your child would remain confidential.

Participation in this study is completely voluntary and refusal to participate involves no penalty or loss of benefits to which your child would otherwise be entitled. The social skills instruction will be taught to all of the children regardless of participation in this study. If you would be willing to have your child be a participant in this project please sign the permission slip below. Also, if you have any questions about this study now or at any time during its duration please feel free to contact either of us.

Thank you,

Molly Schlitz (773) 535-2271
Susan Schlitz (773) 535-9100

I, the parent/legal guardian of the minor named below, acknowledge that Molly and Susan Schlitz have explained to me the need for this research, and have offered to answer any questions I may have about the nature of my child's participation. I freely and voluntarily consent to my child's participation in this study. I understand all information gathered during the interview will be completely confidential. I also understand that I may keep a copy of this consent form for my own information.

_____
Name of student participant

_____ _____
Signature of Parent/Legal Guardian Date